

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021446

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1521

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY Saint Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KinlochLength of stay in 1b
3 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION None 8116 BRENNANInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saint Louisc. CITY OR TOWN KinlochInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8116 BrennanReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First OdessaMiddle MaeLast Mozee

4. DATE OF DEATH

Month 5Day 18Year 62

5. SEX

Female

6. COLOR OR RACE

Negro7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

23 Oct 04

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months 5Days 18

IF UNDER 24 HR

Hours 62 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Merdian, Okla.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas McColor

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Frank Mozee15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Woodrow Hughes

17. INFORMANT

Address Kinloch, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1955 to May 18, 1962 and last saw her alive on May 18, 1962
Death occurred at 6 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward M. M.D.

22b. ADDRESS

5701 Cornwell

22c. DATE SIGNED

5-18-6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

24 May 62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park, Cam

23d. LOCATION (City, town, or county)

St. Louis, Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Boyd Bros. 8257 Booker

25. DATE RECD. BY LOCAL REG.

5-21-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591 40282 40283 24 35 2

6

7 18 09 332X

10

11

12 90-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.